

LIST OF EXHIBITS (1-3)

EX#	DATE	DISCRIPTION	PAGES
1	07/30/17	HEALTH CARE REQUEST	1
2	08/02/17	MED RECORD PER L-RING FINGER	1
3	08/02/17	SHAKEDOWN SLIP OF ORANGE CRUSH SO T. SMITH	1
4	08/03/17	HEALTHCARE REQUEST	1
5	08/06/17	MED RECORD PER MECK	1
6	08/11/17	EMERGENCY GRIEVANCE TO WARDEN LASHBROOK	2
7	08/11/17	GRIEVANCE TO COUNSELLOR K. MULLIP	2
8	08/14/17	HEALTH CARE REQUEST	1
9	08/16/17	MU-LEGAL EXCHANGE CALL PASS (8:00AM)	1
10	08/16/17	MU-IV HOUSE MEDICAL CALL PASS (7:30AM)	1
11	08/16/17	MED RECORDS PER L-RING FINGER, MECK	1
12	08/16/17	HAND COPY OF MU-IV HOUSE MEDICAL CALL PASS (7:30 AM) WITH NOTE	1
13	08/16/17	HEALTHCARE REQUEST	1
14	08/20/17	HEALTH CARE REQUEST	1
15	08/22/17	HEALTH CARE REQUEST	1
16	08/24/17	MU-HEALTHCARE IN HOUSE CALL PASS (12:00pm)	1
17	08/28/17	HEALTHCARE REQUEST	1
18	08/29/17	HEALTHCARE CALL PASS FOR X-RAY L-RING FINGER HANDCOP (7:30)	1
19	08/29/17	L-RING FINGER X-RAY REPORT	1
20	08/31/17	RECEIPT FOR POSTAGE OF GRIEVANCE #08-11-17 DATE EMERG TO A.R.B.	1
21	08/31/17	RECEIPT FOR COPY OF GRIEVANCE DATED 08/11/17 EMERGE TO SEND TO MRB	1
22	08/31/17	HEALTHCARE REQUEST	1
23	09/02/17	HEALTHCARE CALL PASS (AMU) RESULT OF MR BENZ'S E-MAN/CONSULTANT 12:00pm FAMILY COMPLAINT DATED 09/01/17 (HAND COPY) DR. SHAH	1
24	09/02/17	MED RECORDS FROM 08/25/17 TO 09/02/17	1
25	09/03/17	HEALTH CARE REQUEST	1
26	09/06/17	HEALTHCARE REQUEST	1
27	09/08/17	SHAKEDOWN SLIP OF ORANGE CRUSH	1
28	09/08/17	HEALTH CARE REQUEST	1
29	09/10/17	HEALTHCARE REQUEST	1
30	09/11/17	FULLY EXHAUSTED GRIEVANCE DATED 08/11/17 EMERGENCY	3
31	09/12/17	HEALTHCARE REQUEST	1
32	09/13/09/14/17	MEDICAL RECORDS FROM 09/13/17 TO 09/14/17 PER X-RAY L-R FINGER	1
33	09/13/17	MEDICAL RECORD PER MECK	1
34	09/13/17	MEDICAL RECORD PER L-RING FINGER	1
35	09/13/17	L-RING FINGER X-RAY REPORT	1
36	09/19/17	HEALTHCARE REQUEST	1
37	09/20/17	MU-HEALTHCARE CALL PASS (7:30)AM	1
38	09/20/17	MED RECORDS PER L-RING FINGER + MECK	1
39	09/21/17	MED RECORDS	1
40	09/22/17	HEALTHCARE REQUEST	1

LIST OF EXHIBITS (2-3)

EX#	DATE	DISCRIPTION	PAGES
41	09/24/17	HEALTH CARE REQUEST	1
42	09/26/17	HEALTHCARE REQUEST	1
43	09/28/17	HEALTHCARE REQUEST	1
44	09/30/17	RECEIPT FOR 5 th MED CO-PAY PER L-RING FINGER	1
45	09/30/17	MED RECORDS PER L-RING FINGER	1
46	09/30/17	MU-HEALTHCARE CALL PASS (NOTE ON PASS)	1
47	10/02/17	MEDICAL RECORD PER NECK, L-RING FINGER	1
48	10/10/17	LEFT RING FINGER X-RAY REPORT	1
49	10/10/17 to 10/23/17	MED RECORDS PER L-RING FINGER (10/10/17 TO 10/23/17)	1
50	10/10/17	LETTER TO JOHN HOWARD ASSOCIATION (PREP) AND RIGHT HAND	1
51	10/12/17	REQUEST TO MENTAL HEALTH	1
52	10/20/17	RECEIPT FOR COPIES OF EXHIBITS IN THIS ACTION (BUT MUL)	1
53	10/23/17	LEFT RING FINGER X-RAY REPORT	1
54	10/24/17	MU-HEALTHCARE CALL PASS (12:00 PM)	1
55	10/29/17	LETTER FROM JOHN HOWARD ASSOCIATION (PREP)	1
56	11/01/17	RECEIPT FROM GRIEVANCE OFFICE PER GRIEVANCE #8-11-17, #9-11-17 AND BOTH DATED 10/10/17	1
57	11/06/17	RECEIPT OF POSTAGE TO A.R.B. PER GRIEVANCE #137-9-17, 136-9-17, AND #135-9-17	1
58	11/10/17	HEALTHCARE CALL PASS (HAND COPY)	1
59	11/10/17	MED RECORD PER L-RING FINGER	1
60	11/16/17	FULLY EXHAUSTED GRIEVANCES #8-11-17, DATED: 9/02/17, AND 8/11/17	7
61	11/16/2017	FULLY EXHAUSTED GRIEVANCE #136-9-17, DATED: 08/11/17	5
62	11/22/17	COUNSELING SUMMARY PER GRIEVANCE #8-11-17 DATED 11/22/17	1
63	11/30/17	SHAKE DOWN SLIP OF ORANGE CRUSH, \$6 ANDERSON #8217	1
64	12/19/17	FULLY EXHAUSTED GRIEVANCE #137-9-17, DATED: 09/02/17	6
65	12/01/17	HEALTHCARE REQUEST	1
66	01/03/18	LETTER/GRIEVANCE #137-9-17 (PREP) TO A.R.B	7
67	01/25/18	FULLY EXHAUSTED GRIEVANCE #8-11-17, DATED: 10/10/17	1
68	01/26/18	HEALTHCARE CALL PASS IN MU-HEALTHCARE (7:30 AM) NOTE ON EXHIBIT	1
69	02/22/18	FULLY EXHAUSTED GRIEVANCE #229-12-17, DATED: 12/06/17	1
70	10/10/14	X-RAY REPORT PER NECK	1
71	01/25/16	X-RAY REPORT PER NECK	1
72	06/15/17	X-RAY REPORT PER NECK	1
73		MED CHART NOT ALL PAGES RECEIVED (MUTATION 137)	8
74	12/12/17	COUNSELING SUMMARY PER GRIEVANCE #8-11-17, DATED: 10/10/17	1
75	12/12/17	COUNSELING SUMMARY PER GRIEVANCE #8-11-17, DATED: 10/10/17 (2nd)	1
76	12/14/17	COUNSELING SUMMARY PER GRIEVANCE #229-12-17, DATED 12/6/17	1
77	01/02/17	A.R.B. FULLY FINAL EXHAUSTION PER GRIEVANCE #137-9-17, PREP	1
78	01/03/17	LETTER TO A.R.B. PER GRIEVANCE #137-9-17 (PREP)	1
79	01/22/18	COUNSELING SUMMARY PER GRIEVANCE #229-12-17 (2nd L), DATED: 12/6/17	1

MUL

39

LIST OF EXHIBITS <3-3>

EX#	DATE	DISCRIPTION	PAGES
80	01/26/18	GRIEVANCE <3RD> ATTEMPT <HAND COPY> TO NO AVAIL #511-1-18	2
81	03/15/18	COUNSELING SUMMARY PER GRIEVANCE #511-1-18 <2nd lev> DATED: 1/26/18	1
82	01/23/18	RECORD PER GRIEVANCE #8-11-17, DATED: 10/11/17	1
83	11/14/17	RECORD PER GRIEVANCE #137-9-17, DATED: 09/02/17	1
84	11/14/17	RECORD PER GRIEVANCE #136-9-17, DATED: 08/11/17	1
85	12/1/02	CORRECTIONAL OFFICER, DISTINGUISHING FEATURES OF WORK POSITION CODE #09675, EFFECTIVE: 12/01/02	2

 MW
 40

HEALTH CARE

07/30/17

BROKEN 4TH (RING) FINGER LEFT
HAND ON 07/29/17

LO Berty

BENTZ #5-03210

NV-617

MUL
41
EX #1
1-1

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

MENARD CORRECTIONAL Center

Non-Specific
Discomfort

Offender Information:

Bentz
Last NameDavid
First Name

ID#: S03210

Date/Time	Subjective, Objective, Assessment	Plans
8/2/17	S) - Any Allergies NKA	P) MD Referral to eval, under X-ray
0935	- Location of pain / discomfort @ ring finger, 2nd joint	- Patient presents more than twice for NSC for d/o same discomfort within one month
	- Describe pain Stabbing Throbbing Constant Intermittent Etc. Ache	- Patient presents with signs of acute, severe discomfort
	- Have you had this pain before and how was it treated No / NA	- Patient has abnormal vital signs
	- Rate pain level scale of 1 - 10 Unknown	
	- Duration of pain x 4 days	No MD referral
9/20/20	0) T ² P ² R ² BP 100/80 WT 130 98.2 75 12 100/80 130	- Acetaminophen 325 mg, 1 - 2 tablets t.i.d. PRN X 3 days (18 tablets)
	- Signs of obvious discomfort @ present time, until area is palpated.	- Ibuprofen 200mg 1-2 tabs t.i.d. PRN for 3 days (18 tabs)
	- Observations related to body part affected 1/NA believes he broke his finger, slammed in cell door Edema, bruising present. ROM limited d/t pain, possible fx? Finger cool	Patient Teaching
		- Return to see provider if symptoms worsen or interfere with daily functioning
		Nurse Signature [Signature]
	A) Non-Specific Discomfort	Payment voucher YES NO

1-1
EX #3
MVL

HEALTH CARE,

08/03/2017

(1) I HAVE CHROME PAIN, SWELLING AND OTHER
TO LEFT NECK AREA. D.D TO CRUSH SHAKEDOWN
ON 08/02/2017 (NU-6-002) RE-AGGRAVATED MY
NECK ISSUES I NEED MUSCLE RELAXERS AND REQUEST
M.R.I. IN ORDER TO DIGNOSE CAUSE OF NECK ISSUES

(2) CRUSH TOOK MY MED STUFF GIVEN BY NURSE
ON MORNING OF 08/02/2017 BEFORE SHAKEDOWN GIVEN
FOR LEFT HAND 4TH (RING) FINGER WHICH IS BROKEN.

(3) THEY ALSO TOOK MY IBU'S FOR NECK THAT WERE PRESCRIBED
PLEASE SEND ME REFILL


BENTZ 5-03210

NU-612

MUL
EX #4
1-1

MUL
44

ILLINOIS DEPARTMENT OF CORRECTIONS
Offender Outpatient Progress Notes

MENARD CORRECTIONAL Center

Non-Specific
Discomfort

Offender Information:

Bentz
Last Name

David
First Name

MI

ID#: 503210

Date/Time	Subjective, Objective, Assessment	Plans
8/6/18	S) - Any Allergies NKDA	P) MD Referral Request MRI, Relaxin Ibuprofen needs refilled
10:00 am	- Location of pain / discomfort neck	- Patient presents more than twice at NSC for do same discomfort within one month
	- Describe pain Stabbing Throbbing <u>Constant</u> Intermittent Etc.	- Patient presents with signs of acute, severe discomfort
	- Have you had this pain before and how was it treated yes - methocarbamol	- Patient has abnormal vital signs
	- Rate pain level scale of 1 - 10 James	
	- Duration of pain May 2014 - injury d/t S.A.	No MD referral
9/10/18	O) T4 P R BP WT 98 61 116 126/88 130	- Acetaminophen 325 mg, 1 - 2 tablets t.i.d. PRN X 3 days (18 tablets)
	- Signs of obvious discomfort Does not turn head	- Ibuprofen 200mg 1-2 tabs t.i.d. PRN for 3 days (18 tabs)
		Patient Teaching
	- Observations related to body part affected Current error - Current swelling to back of neck, into occipital area. Becomes much larger + more painful multiple x's daily - Hard to go to sleep, but doesn't usually keep him awake	- Return to see provider if symptoms worsen or interfere with daily functioning
	A) Non-Specific Discomfort	Nurse Signature <u>M. Schaefer</u> Payment voucher <u>YES</u> NO

ILLINOIS DEPARTMENT OF CORRECTIONS
COMMITTED PERSON'S GRIEVANCE

Date: 08/11/2017 Committed Person: DAVID BENTZ ID: 5-03210

Present Facility: MENTRO Facility where grievance issue occurred: MENTRO NU-6-12

NATURE OF GRIEVANCE:

☐ Personal Property ☐ Mail Handling ☐ Restoration of Good Time ☐ Disability

☐ Staff Conduct ☐ Dietary ☐ Medical Treatment ☒ Other (specify CELL AND VISUAL PUNISHMENT; STATE LAW AND STATE AND FEDERAL CONSTITUTIONAL RIGHTS; AND OTHER MEDICAL RELATED ISSUES AND RESTRAINT)

☐ Transfer Denial by Facility ☐ Transfer Denial by Transfer Coordinator

☐ Disciplinary Report: 1 / 1 Date of Report: _____ Facility where issued: _____

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shutdown Record, etc.) and send to:

Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.

Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.

Chief Administrative Officer, only if EMERGENCY grievance.

Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

EMERGENCY GRIEVANCE TO WARDEN LASHBROOK.

Brief Summary of Grievance: THIS GRIEVANCE IS BEING BROUGHT AGAINST JOHN AND JANE DOE PRISON RESIDENTS OF THE ILLINOIS DEPARTMENT OF CORRECTIONS (IDOC) ADMINISTRATIVE, SUPERVISORIAL, SECURITY, AND MEDICAL PERSONNEL (TO INCLUDE THOSE CONTRACTED FOR OR BY IDOC, AND VARIOUS HEALTH SERVICES AND OTHERS) WHO, IN THEIR PROFESSIONAL, INDIVIDUAL OR OFFICIAL CAPACITIES DO FORMULATE, AUTHORIZE, TRAMP, COLLUDE, ACQUIESCE, OR OTHERWISE DIRECT THIS GRIEVANT TO BE DEPRIVED OF MEDICAL CARE, ACCESS, PAIN MEDICATION, AND OTHER FOR A EXTENDED PERIOD OF TIME, AND/OR FOR NO REASON AT ALL. THIS GRIEVANCE IS BEING SUBMITTED IN CONTAMPLATION OF AND PREPERATION FOR LITIGATION ALLEGING DELIBERATE INTERFERENCE, CRUEL AND USUAL PUNISHMENT, DENIAL OF PRESCRIBED PAIN MEDICATION, DENIAL OF MEDICAL CARE, ALLEGING VIOLATIONS OF STATE LAW, AND STATE AND FEDERAL CONSTITUTIONAL RIGHTS.

THIS GRIEVANCE ARISES FROM THE PRISON RESIDENTS DENYING THIS GRIEVANT OF MEDICAL CARE FOR A INJURY TO LEFT HAND, SPECIFICALLY 4TH RING FINGER ON LEFT HAND WHICH IS OBVIOUSLY BROKEN BY 45°S OUT OF PLACE, AND DENIAL OF PAIN MEDICATION, AND DENIAL OF DOCTOR ORDERS.

ON JULY 29, 2017, I WAS RETURNING FROM EVENING YARD UPON CLOSING MY CELL DOOR NU-612 MY LEFT HAND SOMEHOW GOT CAUGHT IN THE DOOR AND BROKE MY LEFT HAND 4TH FINGER (RING FINGER) WHERE MY FINGER BENT 45° IN A DIRECTION IT IS NOT TO BEND.

ON JULY 30, 2017, I PLUCKED WITHIN NU-CELL HOUSE A SICK CALL SLIP (HAND WRITTEN) REQUESTING MEDICAL CARE FOR MY BROKEN FINGER.

ON AUGUST 01, 2017, NU-CELL HOUSE WENT ON LEVEL ONE LOCKDOWN, UNTIL AUGUST 07, 2017.

ON AUGUST 02, 2017, I WAS SEEN IN CELL HOUSE FOR ABOVE SICK CALL SLIP BY NU-CELL HOUSE JANE DOE NURSE, SHE TOLD ME MY FINGER LOOKED BROKEN, BUT TOLD ME SHE CAN NOT SEND ME TO HEALTH CARE BECAUSE MENTRO/WATFORD WILL NOT LET HER BECAUSE THEY DO NOT CONSIDER MY BROKEN FINGER A SERIOUS EMERGENCY ISSUE/MEDICAL NEED TO DO AN X-RAY AND I WOULD HAVE TO WAIT UNTIL WE CAME OFF OF LOCKDOWN AS LOCKDOWN WAS THE REASON SHE COULD NOT SEND ME TO SEE A DOCTOR PER POLICIES. SHE GAVE ME A TENSING COMPRESSOR AND TAPE TO KEEP MY FINGER STRAIN (MAKE SURE SALTY). I WAS ALREADY PRESCRIBED PAIN FOR A PREVIOUS WEEK INJURY, BUT

☒ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

10 P/B 5-03210 08.11.2017

Committed Person's Signature ID# Date

(Continue on reverse side if necessary)

SENT TO COUNSELOR BY BOB
MILLSUP ON 08/05/2017 INMAYTO
AND L.S. MATH ON 08/31/17

Counselor's Response (if applicable)

Date Received: _____ ☐ Send directly to Grievance Officer ☐ Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277

Response: _____

Print Counselor's Name Counselor's Signature Date of Response

EMERGENCY REVIEW RECEIVED

Date Received: _____ AUG 18 2017 FLD

Is this determined to be of an emergency nature? ☐ Yes; expedite emergency grievance

☒ No; an emergency is not substantiated. Committed person should submit this grievance in the normal manner.

Alx P/B 8/18/17

Chief Administrative Officer's Signature Date

MUL
EX #18
1-2

MUL
46

ON AUGUST 02, 2017, LATER THAT SAME DAY CRUSH SHOOK DOWN NU-6 GALLERY, WHERE THEY TOOK ME (INMATES) TO THE CHAPEL CUFFED BEHIND MY BACK. I ASKED CRUSH OFFICER BELIEVED TO BE HOLDER (HERNIMET "63") IF HE COULD FRONT CUFF ME BECAUSE OF MY BROKEN FINGER AND BEING FORCED TO SIT WITH HANDS BEHIND BACK CAUSING CHRONIC PAIN TO MY FINGER AND BACK. WHEN I SHOWED CRUSH OFFICER (HOLDER, "63") MY SPLINTED FINGER HE TOOK MY SPLINT AND WOULD NOT FRONT CUFF ME. I THEN ASKED TO SEE THE NURSE WHERE HE TOLD ME TO SHUT THE FUCK UP AND WALKED OFF.

UPON RETURNING TO MY CELL TWO (2) HOURS LATER, I FOUND OUT CRUSH TOOK MY PRESCRIBED TAPS AND EXTRA TAPE AND TONG COMPRESSOR GIVEN TO ME BY NURSE EARLY THAT DAY. LEAVING ME WITH NO PAIN MEDICATION, NO SUPPORT FOR FINGER (MAKE SURE SPLINT) OR ANY WAY TO RE-FILL PRESCRIBED I.B.U. FOR NECK INJURY.

- AFTER CRUSH SHOOK DOWN ON AUGUST 02, 2017, I SAW THE EXTRA MEDICAL TAPE AND TONG COMPRESSOR THAT THE NURSE GAVE ME EARLY THAT DAY ON THE GALLERY FLOOR, I STOPPED % MULHOLAND SHOWED HIM MY BROKEN FINGER AND ASKED TO GRAB THE MAKE SHIFT SPLINT OFF THE GALLERY FOR ME AND TO TAKE ME TO HEALTH CARE SO I COULD GET PAIN MEDICATION BECAUSE CRUSH TOOK IT ALL. % MULHOLAND ACKNOWLEDGED MY FINGER LOOKED BROKEN AND THEN TOLD ME HE DOES NOT HAVE TIME AND ~~WOULD~~ I WOULD JUST HAVE TO SUFFER. THEN HE WALKED OFF AND REFUSED TO DO ANYTHING AT ALL.

- ON AUGUST 03, 2017, THE MIC-CELL HOUSE WAS STILL ON LEVEL ONE LOCKDOWN, WHERE % MULHOLAND WAS PASSING OUT LUNCH TRAYS, UPON GIVING ME A TRAY I AGAIN REQUESTED MEDICAL CARE, WHERE I WAS THREATENED BY % MULHOLAND OF FURTHER/PUBLIC RETALIATION (e.g. BOGUS INQUIRY/REPORT ACTING) IF I KEPT ASKING FOR MEDICAL CARE, AND THAT I WOULD NOT BE RECEIVING MEDICAL CARE BECAUSE I LIKE TO SUE CORRECTIONAL OFFICERS. % MULHOLAND NEVER GOT ME MEDICAL CARE AND DID NOT TRY TO GET MEDICAL CARE AT ALL.

ON AUGUST 03, 2017, I PLUCKED WITHIN NU-6 GALLERY'S INSTITUTIONAL MAIL ADDRESSED TO HEALTH CARE ANOTHER MEDICAL REQUEST SLIP HAND WRITTEN REGARDING BROKEN FINGER AND CRUSH TAKING PAIN MEDS FOR WEEK AND MAKE SHIFT SPLINT FOR FINGER ALONG WITH RE-ASPIRATED NECK INJURY DO TO CRUSH, AND ME NOT BEING ABLE TO GET I.B.U. RE-FILL BECAUSE CRUSH TOOK WHAT I NEEDED TO TREAT IN TO GET RE-FILL.

ON AUGUST 04, 2017, PER REQUEST SLIP OF AUGUST 03, 2017, I WAS SEEN BY A JANE DOE ~~CELL~~ HOUSE NURSE, IN HOUSE MIC-CELL HOUSE ON THE 7am-3pm SHIFT, WHERE SHE PUT ME IN FOR MY I.B.U. RE-FILL, AND IN FOR MY NECK, AND FOR MY BROKEN FINGER. SHE ALSO GAVE ME A 3-DAY SUPPLY OF TAPS TO HOLD ME OVER, AND TOLD ME IT WOULD BE AWHILE BEFORE I WOULD BE SEEN BY A DOCTOR OR GET X-RAYS BECAUSE THE TWO (2) DOCTORS ARE NEVER HERE (AT MIC-CELL).

- BETWEEN JULY 24, 2017, THE DAY MY FINGER GOT BROKEN THROUGHOUT THIS PRESENT DATE OF AUGUST 11, 2017, I HAVE CONTINUALLY REQUESTED MEDICAL CARE FOR ALL ABOVE ISSUES, BY REQUESTING OF CELL HOUSE STAFF, OFFICERS, NURSES, SGT'S, LT'S, CORRECTOR CHIEF AND OTHER JOHN AND JANE DOE'S, (ETC.), ALL TO NO AVAIL. AS OF AUGUST 11, 2017, IT HAS BEEN 14 DAYS WITHOUT ADEQUATE AND/OR ANY CARE, OR PAIN MEDICATION FOR A BROKEN FINGER OR OTHER MEDICAL NEEDS LISTED ABOVE. (END)

RELIEF REQUESTED:

- (1) FINGER TO BE SET AND SPLINTED AFTER X-RAYS;
- (2) TO RECEIVE PAIN MEDICATION; AS WAS PRESCRIBED MY RE-FILL;
- (3) HANDLES BE PLACED ON INSIDE OF CELL DOORS TO PREVENT FUTURE INCIDENTS, OR STAFF TO OPEN AND CLOSE CELL DOORS TO PREVENT FUTURE INCIDENTS INSTEAD OF PUTTING GRIEVANT/INMATE IN POSITION TO USE CELL DOOR WITH NO HANDLES MAKING A SAFETY HAZARD FOR ME AND OTHER INMATES;
- (4) TO STOP DENYING ME AND INMATES ACCESS TO HEALTH CARE (i.e. DOCTORS) AND OTHER MEDICAL NEEDS WHEN ON LOCKDOWN.

THIS GRIEVANCE IS IN PREPARATION FOR LITIGATION

MUL
EX # 6
2-2


MUL
47

HEALTH CARE

08/14/2017

I HAVE CONTINUALLY REQUESTED CARE
FOR NECK, AND BROKEN FINGER ~~TOE~~ AND
RE-FILL OF IBU'S PRESCRIBED FOR NECK
FOR AT LEAST 2 WEEKS ALL TO NO AVAIL
I HAVE NOT RECEIVED IBU'S OR SEEN A
DOCTOR, AND I HAVE FILED GRIEVANCES TO NO AVAIL

08/14/2017

1st 
BRENTZ #~~8~~5-03210
NU-612

MUL
EX #8
1-1

MUL
50

OERCP101

ILLINOIS DEPARTMENT OF CORRECTIONS
Offender 360
PRINTED SCHED. CALL PASS

PAGE: 205

RUN DATE: 8/15/2017

RUN TIME: 10:21:32 AM

ILLINOIS DEPARTMENT OF CORRECTIONS - OTS

OFFENDER CALL PASS ISSUED

IDOC: S03210 BENTZ, DAVID R

Maximum A Moderate

MEN: MEN: NU: 06:12:U1

PRIMARY: UNASSIGNED , PARTICIPANT-MEN710040009

DESTINATION:

DAY: 8/16/2017

AT:
8:00:00
AM

PASS TYPE: PERSONAL PROPERTY

COMMENTS: NU Legal Exchange

AUTHORIZED: Chris Sanders

CELL HOUSE SIGNATURE: _____

TIME: ____:____

DESTINATION SIGNATURE: _____

TIME: ____:____

EXIT SIGNATURE: _____

TIME: ____:____

RETURN SIGNATURE: _____

TIME: ____:____

MUL
EX #9

1-1

MUL
51

25
1-1
MUL
EX #10

CERCP101	ILLINOIS DEPARTMENT OF CORRECTIONS Offender 360 PRINTED SCHED. CALL PASS	PAGE: 204 RUN DATE: 8/15/2017 RUN TIME: 10:21:32 AM
ILLINOIS DEPARTMENT OF CORRECTIONS - QTS OFFENDER CALL PASS ISSUED		
IDOC: S03210 BENTZ, DAVID R PRIMARY: UNASSIGNED , PARTICIPANT-MEN710040609	Maximum A Moderate	MEN: MEN: NU: 06:12:U1
DESTINATION: NU	DAY: 8/16/2017	AT: 7:30:00 AM
PASS TYPE: NURSE PRACTITIONER		
COMMENTS: M. Moldenhauer NP/Done in Cell House/Must Honor		
AUTHORIZED: Christa Mahnken		
CELL HOUSE SIGNATURE: _____	TIME: _____	MUL EX #10 1-1
DESTINATION SIGNATURE: _____	TIME: _____	
EXIT SIGNATURE: _____	TIME: _____	
RETURN SIGNATURE: _____	TIME: _____	

05/14/17

CALL PASS ~~HAIR COPY~~

730AM NU-612

COMM: N.P. M. MOLDENHAUER

AKTH: CHRISTA MAHUKEN

NOTE- % GROSS IN NU WOULD NOT LET ME SEE N.P. MOLDENHAUER,
% K. MAUE TOLD TO GO TO LEGAL EXCHANGE AND I WOULD BE ABLE TO SEE
N.P. MOLDENHAUER WHEN I CAME BACK BUT I NEVER WAS ALLOWED TO
SEE N.P. MOLDENHAUER OR OTHER MEDICAL STAFF FOR THIS CALL PASS
AND WAS DENIED BY % GROSS AND % K. MAUE

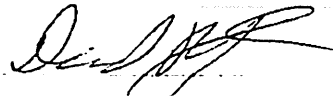
MUL
EX#12
1-1

MUL
58

HEALTH CARE,

08/16/2017

- ① I HAVE CHRONIC PAIN, SWELLING AND OTHER TO LEFT NECK
- ② CRUSH TOOK PRESCRIBED I.B.U.'S AND OTHER MEDICAL THINGS, NOW I CAN NOT GET MY REFILLS FOR NECK DISHIRE CONTINUED REQUEST
- ③ ALSO HAVE BROKEN FINGER CAUSING CHRONIC PAIN



BENZ #5-03210

NU-613

MUL
EX #93
1-1

MUL
55

HEALTH CARE

08/20/2017

- ① BROKEN LEFT RING FINGER (X-RAY) ETC...
- ② CHRONIC NECK PAIN, SWELLING, ETC... (M.A.I.) ETC...
- ③ RIGHT HAND CHRONIC PAIN,
- ④ RE-FILL OF I.B.U.'S PRESCRIPTION FROM OVER 3-WEEKS AGO
TO NO AVAIL
- ⑤ ALL ABOVE HAVE BEEN DENIED OF/REFUSED CARE FOR AT
LEAST 3-WEEKS DISPUTE CONTINUED COUNTIES REQUEST FOR
CARE

DATE 08/20/2017

151 

DAVID BENTZ #5-03210

NV-612

MUL
EX #1/4
1-1

MUL
56

HEALTH CARE,

08/22/2017

- ① BROKEN LEFT RING FINGER, CHRONIC PAIN (X-RAY ECT...)
- ② CHRONIC NECK PAIN, SWELLING, ECT... (M.R.I. ECT...)
- ③ RIGHT HAND CHRONIC PAIN
- ④ RE-FILL OF I.B.U. PRESCRIPTION DENIED FROM OVER 3 1/2 WEEKS AGO TO NO AVAIL
- ⑤ ALL ABOVE I HAVE BEEN CONTINUALLY DENIED OR/REFUSED FOR AT LEAST 3 1/2 WEEKS DESPITE CONTINUED/COUNTLESS REQUEST FOR CARE TO NO AVAIL.

DATE: 08/22/2017

DAVID BENTZ #5-03210

NU-612

MUL
EX #15
1-1

MUL
57

$$\begin{array}{r} 1-1 \\ \hline 71\#13 \\ \hline 77W. \\ \hline 85 \\ \hline 77W. \end{array}$$

MUL
EX #16
1-1

HEARTHILL,

08/28/2017

- ① SAW M.P. HE PRESCRIBED ME MUSCLE RELAXERS AND MOBIC (MELOXICAM). I HAVE NOT RECEIVED ANY MUSCLE RELAXERS, AND THE MOBIC I WANT CHANGED BACK TO T.D.U'S 600mg 3X PER DAY, DO TO THIS MOBIC INFLAMING MY NECK INJURY FOR SOME REASON AND NOT WORKING AT ALL FOR ME. (FOR MY NECK OR BROKEN FINGER, PAIN)

DATE 08/28/2017

IS/ [Signature]

DAVID BENTZ #5-03210

MU-612

MUL
EX #1B
1-1

MUL
58

SENT TO PRISONER (IN THE) ON 05/11/17
SENT TO COUNSELOR ON 08/11/2017 FOR REVIEW PER 116-512

COMMITTED PERSON'S GRIEVANCE

NAME: FINGER, RUTHANN, ETC...

Date: <u>08/11/2017</u>	Committed Person: (Please Print) <u>DAVID BENTZ</u>	ID#: <u>S-03210</u>
Present Facility: <u>MEWARD</u>	Facility where grievance issue occurred: <u>MEWARD</u>	

NATURE OF GRIEVANCE:

☐ Personal Property ☐ Mail Handling ☐ Restoration of Good Time ☐ Disability HAND, DELIBERATE
☐ Staff Conduct ☐ Dietary ☐ Medical Treatment ☒ Other (specify: INDIFFERENCE, CAREL
☐ Transfer Denial by Facility ☐ Transfer Denial by Transfer Coordinator ANNUAL PAINMENT, STATE LAW AND
☐ Disciplinary Report: 1 / 1 AND OTHER MEDICAL RELATED ISSUES;
Date of Report Facility where issued

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shutdown Record, etc.) and send to:
 Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.
 Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.
 Chief Administrative Officer, only if EMERGENCY grievance.
 Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary
 administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief
 Administrative Officer.

Brief Summary of Grievance: THIS GRIEVANCE IS BEING BROUGHT AGAINST JOHN AND JANE DOE PRISONERS' OF
THE ILLINOIS DEPARTMENT OF CORRECTIONS (IDOC) ADMINISTRATIVE, SUPERVISORY, SECURITY, AND MEDICAL
PERSONNEL (TO INCLUDE THOSE CONTACTED FOR OR BY IDOC AND WESTMO MEDICAL SERVICES AND CARE) WHO, IN
THEIR PROFESSIONAL, INDIVIDUAL OR OFFICIAL CAPACITIES DO PROMULGATE, AUTHORIZE, TRAIN, COLLUDE, ACQUIESCE,
OR OTHERWISE DIRECT THIS GRIEVANT TO BE DEPRIVED OF MEDICAL CARE ACCESS, PAIN MEDICATION, AND OTHER
FOR A EXTENDED PERIOD OF TIME, AND FOR NO REASON AT ALL. THIS GRIEVANCE IS BEING SUBMITTED IN
CONTAMINATION OF AND PREPARATION FOR LITIGATION ALLEGING DELIBERATE INDIFFERENCE, CAREL AND UNUSUAL
PAINMENT, DENIAL OF PRESCRIBED PAIN MEDICATION, DENIAL OF MEDICAL CARE, ALLEGING VIOLATIONS OF STATE
LAW, AND STATE AND FEDERAL CONSTITUTIONAL RIGHTS.

THIS GRIEVANCE ARISES FROM THE PRISONERS' DENIAL THIS GRIEVANT OF MEDICAL CARE FOR
A INJURY TO LEFT HAND, SPECIFICALLY 4TH FINGER ON LEFT HAND WHICH IS OBVIOUSLY BROKEN BY 45°
OUT OF PLACE, AND DENIAL OF PAIN MEDICATION, AND DENIAL OF DOCTOR ORDERS.

ON JULY 29, 2017, I WAS RETURNING FROM EVENING YARD WITH CLOSING MY CELL DOOR NUMBER MY
LEFT HAND SOMEHOW GOT CAUGHT IN THE DOOR AND BROKE MY LEFT HAND 4TH FINGER (RING FINGER) WHERE
MY FINGER BENT 45° IN A DIRECTION IT IS NOT TO BEND.

ON JULY 30, 2017, I PLACED WITHIN MY CELL HOUSE A SICK CALL SLIP (HAND WRITTEN) REQUESTING MEDICAL
CARE FOR MY BROKEN FINGER.

ON AUGUST 01, 2017, MY CELL HOUSE WENT ON LEVEL ONE LOCKDOWN, UNTIL AUGUST 07, 2017.

ON AUGUST 02, 2017, I WAS SEEN IN CELL HOUSE PER ABOVE SICK CALL SLIP BY MY CELL HOUSE JANE DOE
NURSE, SHE TOLD ME MY FINGER LOOKED BROKEN, BUT TOLD ME SHE CAN NOT SEND ME TO MEDICAL CARE
BECAUSE MEWARD/WESTMO WILL NOT LET HER BECAUSE THEY DO NOT CONSIDER MY BROKEN
FINGER A SERIOUS ENOUGH ISSUE/MEDICAL NEED TO DO AN X-RAY AND WOULD HAVE TO WAIT UNTIL WE COME
OFF OF LOCKDOWN AS LOCKDOWN WAS THE REASON SHE COULD NOT SEND ME TO SEE A DOCTOR PER
POLICIES. SHE GAVE ME A TONG COMPRESSOR AND TAPE TO KEEP MY FINGER STRAIGHT (SHAKE SHIRT STRIP). I
WAS ALREADY PRESCRIBED PAIN FOR A PREVIOUS KNEE INJURY, BUT

☐ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

LOD B S-03210 08.11.2017

Committed Person's Signature ID# Date

(Continue on reverse side if necessary)

Counselor's Response (If applicable)

Date Received: 9.15.17 ☐ Send directly to Grievance Officer ☐ Outside jurisdiction of this facility. Send to
 Administrative Review Board, P.O. Box 19277,
 Springfield, IL 62794-9277

Response: You are not entitled to medical care, medical care is a privilege
that you do not receive when on lockdown and is a administrative
decision.

K AHSUP K Ahsup COIT 9.19.17

Print Counselor's Name Counselor's Signature Date of Response

EMERGENCY REVIEW

Date Received: 1 / 1 Is this determined to be of an emergency nature? ☐ Yes; expedite emergency grievance
☐ No; an emergency is not substantiated.
 Committed person should submit this grievance
 in the normal manner.

1 / 1

Chief Administrative Officer's Signature Date

ON AUGUST 03, 2017, LATER THAT SAME DAY CRUSH SHOOK DOWN MUL-6 GALLERY, WHERE THEY TOOK ME (INMATES) TO THE CHIMEL CUFFED BEHIND MY BACK. I ASKED CRUSH OFFICER BELIEVED TO BE HOLLER (HELMET #6) IF HE COULD FRONT CUFF ME BECAUSE OF MY BROKEN FINGER AND BEING FORCED TO SIT WITH HANDS BEHIND BACK CAUSING CHRONIC PAIN TO MY FINGER AND BACK. WHEN I SHOWED CRUSH OFFICER (HOLLER #62) MY SPLINTED FINGER HE TOOK MY SPLINT AND WOULD NOT PRINT OUT FOR ME. I THEN ASKED TO SEE THE NURSE WHERE HE TOLD ME TO SHUT THE FUCK UP AND WALKED OFF.

UPON RETURNING TO MY CELL TWO (2) HOURS LATER, I FOUND OUT CRUSH TOOK MY PRESCRIBED I.B.U.'S AND EXTRA PAIN AND TRUNG COMPRESSOR GIVEN TO ME BY NURSE EARLYER THAT DAY. LEAVING ME WITH NO PAIN MEDICATION, NO SUPPORT FOR FINGER (HUNK SHIT SPLINT) OR ANY WAY TO RE-FILL PRESCRIBED I.B.U.'S FOR NECK INJURY.

AFTER CRUSH SHOOK DOWN ON AUGUST 03, 2017, I SAW THE EXTRA MEDICAL TRUCK AND TRUNG COMPRESSOR THAT THE NURSE GAVE ME EARLYER THAT DAY ON THE GALLERY FLOOR, I STAYED SO MUCH HOLLER AND SHOWN HIM MY BROKEN FINGER AND ASKED TO GRAB THE HUNK SHIT SPLINT OFF OF THE GALLERY FOR ME, AND TO TAKE ME TO HEALTHCARE SO I COULD GET PAIN MEDICATION BECAUSE CRUSH TOOK IT ALL. SO MUCH HOLLER ADMITTED MY FINGER LOOKED BROKEN AND THEN TOLD ME HE DOES NOT HAVE TIME AND I WOULD NOT HAVE TO SUFFER. THEN HE WALKED OFF AND REFUSED TO DO ANYTHING AT ALL.

ON AUGUST 03, 2017, THE MUL-CELL HOUSE WAS STILL ON LEVEL ONE LOCKDOWN, WHERE SO MUCH HOLLER WAS PASSING OUT LUNCH TRAYS. UPON GIVING ME A TRAY I AGAIN REQUESTED MEDICAL CARE, WHERE I WAS THREATENED BY SO MUCH HOLLER OF FURTHER/ADULT REHABILITATION (I.E. ADGAS DISCIPLINARY ACTION) IF I KEPT ASKING FOR MEDICAL CARE, AND THAT I WOULD NOT BE RECEIVING MEDICAL CARE BECAUSE I LIKE TO SUE CORRECTIONAL OFFICERS. SO MUCH HOLLER NEVER GOT ME MEDICAL CARE AND DID NOT TRY TO GET ME MEDICAL CARE AT ALL.

ON AUGUST 03, 2017, I PLACED WITHIN MUL-6 GALLERY'S INSTITUTIONAL MAIL ADDRESSED TO HEALTH CARE ANOTHER MEDICAL REQUEST SLIP HAVING WRITTEN REGARDING BROKEN FINGER AND CRUSH TAKING PAIN MEDS FOR NECK AND HUNK SHIT SPLINT FOR FINGER ALONG WITH RE-ASPLINTED NECK INJURY DO TO CRUSH, AND ME NOT BEING ABLE TO GET I.B.U.'S RE-FILL BECAUSE CRUSH TOOK WHAT I NEEDED TO TURN IN TO GET RE-FILL.

ON AUGUST 06, 2017, PER REQUEST SLIP OF AUGUST 03, 2017, I WAS SEEN BY A JANE DOE CELL HOUSE NURSE, IN HOUSING MUL-CELL HOUSE ON THE 7AM-3PM SHIFT, WHERE SHE PUT ME IN FOR MY I.B.U. RE-FILL, AND IN FOR MY NECK, AND FOR MY BROKEN FINGER. SHE ALSO GAVE ME A 3-DAY SUPPLY OF I.B.U.'S TO HOLD ME OVER, AND TOLD ME IT WOULD BE A WHILE BEFORE I WOULD BE SEEN BY A DOCTOR OR GET X-RAYS BECAUSE THE TWO (2) DOCTORS ARE NEVER HERE (AT MEMPHIS).

BETWEEN JULY 29, 2017, THE DAY MY FINGER GOT BROKEN THROUGHOUT THIS PRESENT DATE OF AUGUST 11, 2017, I HAVE CONTINUALLY REQUESTED MEDICAL CARE FOR ALL ABOVE ISSUES. BY REQUEST OF CELL HOUSE STAFF, OFFICERS, NURSES, SST'S, LT'S, CHANCELLER ALBERT AND OTHER JOHN AND JANE DOE'S, WHO, WILL TO NO AVAIL.

AS OF AUGUST 11, 2017, IT HAS BEEN 14 DAYS WITHOUT ADEQUATE AND/OR ANY CARE, OR PAIN MEDICATION FOR A BROKEN FINGER OR OTHER MEDICAL NEEDS LISTED ABOVE. (END)

RELIEF REQUESTED:

- ① FINGER TO BE SET AND SPLINTED AFTER X-RAYS;
- ② TO RECEIVE PAIN MEDICATION; AS WAS PRESCRIBED, MY RE-FILL;
- ③ HANDLES BE PLACED ON INSIDE OF CELL DOORS TO PREVENT FUTURE INCIDENTS, OR STAFF TO OPEN AND CLOSE CELL DOORS TO PREVENT FUTURE INCIDENTS INSTEAD OF PUTTING GRIEVANT/INMATES IN POSITION TO USE CELL DOOR WITH NO HANDLES MAKING A SHITTY HAZARD FOR ME AND OTHER INMATES;
- ④ TO STOP DENYING ME AND INMATES ACCESS TO HEALTHCARE (I.E. DOCTORS) AND OTHER MEDICAL NEEDS WHEN ON LOCKDOWN.

THIS GRIEVANCE IS IN PREPERATION FOR LITIGATION

08/29/2017

CALL PASS (HAND COPY)

7:30 AM NU-612

COMM: X-RAY/IN HEALTHCARE

AUTH: CHRISTA MAHREK

NOTE: PER: L-RING FINGER

MUL
EX#18
1-1

MUL
08

ONE RADIOLOGY

Normal, Illinois

August 30, 2017

PATIENT NAME: Bente, David

NUMBER: S03210

DATE OF BIRTH: 5/30/75

Ordered by: Moldenhauer

Menard Correctional Center

LEFT FOURTH FINGER, AP, AND OBLIQUE VIEWS 8/29/2017 *JK*

CLINICAL INDICATION: Rule out fracture of the fourth finger.

COMPARISON: None.

FINDINGS:

There is an acute non-displaced fracture at the lateral base of the fourth middle phalanx. No dislocation is present. Mild soft tissue swelling adjacent to the fracture is seen.

Note is made of amputation of the mid and proximal phalanx of the 3rd finger which appears chronic. There is also a small ossific fragment adjacent to the distal proximal 3rd phalanx which is likely secondary to remote injury.

PT/18

P. Javadi, M.D.

PJ:eg

Films from Menard Correctional Center

M.D. Review

Date 9-5-17

Doctor MM.C. NARPC

Pull Chart

See Patient

File

*MUL
EX#1
1-1*

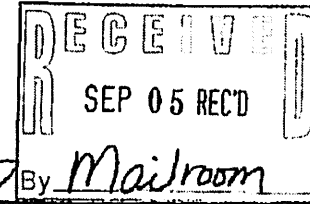
*MUL
GIP*

BENTZ MCC (MR) 0129

SEE EX#31 P.2-3

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Authorization for Payment



Posting Document # _____ Date 08/31/2017 By Mailroom
Offender Name BENTZ ID# 5-03210 Housing Unit NU-612
Pay to N/A 49
Address N/A x 2
City, State, Zip N/A 98
The sum of 00 dollars and 00 cents charged to my trust fund
account, for the purpose of APD PER 8/11/17 EMERG & LEGAL MAIL 1367 LINDENBORG #1528-131 (2)

☒ I hereby authorize payment of postage for the attached mail. ☐ I hereby request information on electronic funds transfers to be placed in the attached mail.

Offender Signature [Signature] ID# 5-03210
Witness Signature _____

LEGAL MAIL

☐ Approved ☐ Not Approved Chief Administrative Officer Signature _____

Postage applied in the amount of 0 dollars and 92 cents. 21 Legal

Distribution: Business Office, Offender, Mail Room

SEP - 5 2017
DOC 0298 (E/I. 1/2008)
(Replaces DC 828)

Printed on Recycled Paper

MAILED OUT 6

EX#30
1-1

69
MUL

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Authorization for Payment

T-6

Posting Document # _____ Date 08/31/17

Offender Name BELTZ ID# 5-03210 Housing Unit NV-612

Pay to LAW LIBRARY

Address _____

City, State, Zip _____

The sum of 00 dollars and 0.30 cents charged to my trust fund account, for the purpose of COPIES BSV MULHOLLAND Cop of Prison + Pub. Rev

☐ I hereby authorize payment of postage for the attached mail. ☐ I hereby request information on electronic funds transfers to be placed in the attached mail.

Offender Signature [Signature] ID# 5-03210

Witness Signature [Signature]

☐ Approved ☐ Not Approved Chief Administrative Officer Signature _____

Postage applied in the amount of 0 dollars and 0 cents.

Distribution: Business Office, Offender LL

Printed on Recycled Paper

DOC 0296 (Eff. 1/2008)
(Replaces DC 828)

MUL
EX#29
1-1

ILLINOIS DEPARTMENT OF CORRECTIONS

MUL
EX#21
63
1-1

HEMENT CARE

08/31/2017

I HAVE FOR LAST MONTH PLUS BEEN REQUESTING
A M.R.I. FOR NECK INJURY AND FOR MUSCLE RELAXERS
TO NO AVAIL - AND BROKEN FINGER TO NO AVAIL
AND RIGHT HAND TO NO AVAIL *[Signature]*

BENTZ #5-03210

NU-612

MUL
EX²²
1-1

MUL
64

09/02/17

12:00pm NU-612

CALL PASS (HAND COPY)

TYPE: DOCTOR CALL LINE

COMM: DR. SHAH/DONE IN HCU/MUST HONOR

AUTH: CHRISTA MAHVREU

NOTE: DO TO FAMILY (MR. BENTZ) COMPLAINT/FAMILY CONCERNS/E-MAIL
ON I.D.R.C. WEBSITE ON 09/01/17,

FOR BROKEN L-RING FINGER, NECK, TIGHT HAND, WAS TOLD
BY DR. SHAH HE WOULD NOT DO ANYTHING FOR L-RING FINGER, ~~HE~~
TOLD WAS NOT BROKEN REFUSED PAIN MEDS, REFUSED MUSCLE RELAXERS
HE REFUSED TO DO ANYTHING AT ALL.

MUL
EX#23
1-1

MUL
65

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Menard Correctional Center

Offender Information:

Bentz
Last NameDavid
First Name

ID#: S03210

Date/Time	Subjective, Objective, Assessment	Plans
8-25-17 8:40A	ONT note B: "I was just seen by the nurse practitioner I don't need NSC anymore". O: A+Dx3. Ym educated if need NSC to drop another kite, Ym voiced understanding. A: NSC	P: FIU PRN NSC
8/29/17 10 ^A	Key note L hand done	Bluppest AT
9-2-17 125 98.5	MACL - Drgy. had xrh Fed to	- g of plan
986 68 12/16/17	(c) It had xrh for no over night in the car V. PRN B. Elson's issue for 4 hr	Contraction Exercise Need 9-2-17 Bentz

HEALTH CARE

09/03/2017

- ① CONTINUED ISSUES WITH BROKEN FINGER (ALL TO NO AVAIL)
- ② CONTINUED REQUEST FOR MUSCLE RELAXERS FOR CHRONIC NECK ISSUES
SWELLING PAIN, VISION, OTHER (ALL TO NO AVAIL) (M.R.I.)
- ③ RIGHT HAND INJURY ISSUES (ALL TO NO AVAIL)

ALL ABOVE REQUEST FOR LAST MONTH ALL TO NO AVAIL CONTINUED DENIAL OF CARE

DATE 09/03/2017

15/10/17 [Signature]

BENTZ #5-03210

NU-612

MUL
EX #25
1-1

MUL
67

HEALTH CARE,

09/06/2017

- ① C ROMIC PAIN TO BROKEN LEFT HAND RING FINGER
NEED PAIN MEDS.
- ② C ROMIC PAIN O NECK, NEED P IN MEDS, MUSCLE RELAXERS,
M.R.I. TO DIOGNOSE WHATS WRONG
- ③ CHAOMIC PAIN TO RIGHT HAND INJURY

151 Decl *[Signature]*

BENTZ #5-03210

NU-612

MUL
EX#28
17

MUL
68

MUL

246
EX 11

DOC0300 (Eff. 4/2008)
(Replaces DC 252)

$$\frac{1944}{69}$$

HEALTH CARE,

09/08/2017

- ① CHRONIC PAIN TO BROKEN LEFT HAND RING FINGER,
NEED PAIN MEDS.
- ② CHRONIC PAIN TO NECK, SWELLING, OTHER DO TO ORANGE
CRUSH SHAKEDOWN ON 09/08/17 OF NU-CELL HOUSE
AGGRAVATING NECK INJURY, PAIN MEDS, MUSCLE RELAXERS,
M.R.I. TO DIAGNOSE WHAT IS WRONG.
- ③ CHRONIC PAIN TO RIGHT HAND INJURY

151 David B

BENTZ #5-03210

NU-612

MUL
EX#28
1-1

MUL
70